

1.) CORPORATION NAME:

JOE MORTEN & SON, INC.

DUE DATE: **5/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

JOHN K MESSERSMITH IV

901 MOOREFIELD PARK DR STE 200

RICHMOND, VA 23236

SCC ID NO: **F1547258**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1100 WEST 29TH ST
BOX 277

CITY/ST/ZIP: SOUTH SIOUX CITY, NE 68776-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	VINCENT C LAMB	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2905 STONE CARVER DRIVE		
CITY/ST/ZIP/CO:	BLOOMINGTON, IN 47402-		
NAME:	RANDALL J EIDE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1100 W 29TH ST		
CITY/ST/ZIP/CO:	SOUTH SIOUX CITY, NE 68776-		
NAME:	DEBORAH J COOK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1100 W 29TH ST		
CITY/ST/ZIP/CO:	SOUTH SIOUX CITY, NE 68776-		
NAME:	GAYLEN L TENHULZEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1100 WEST 29TH STREET		
CITY/ST/ZIP/CO:	SOUTH SIOUX CITY, NE 68776-		
NAME:	HUGH H FUGLEBERG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COB		
ADDRESS:	1100 WEST 29TH ST		
CITY/ST/ZIP/CO:	SOUTH SIOUX CITY, NE 68776-		

NAME:	JAMES D. JENSEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1100 WEST 29TH STREET		
CITY/ST/ZIP/CO:	SOUTH SIOUX CITY, NE 68776-		
NAME:	DAVID J. ERLANDSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3311 DANIELS LANE		
CITY/ST/ZIP/CO:	SOUTH SIOUX CITY, NE 68776-		
NAME:	FRANK J. WHITING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1100 WEST 29TH STREET		
CITY/ST/ZIP/CO:	SOUTH SIOUX CITY, NE 68776-		
NAME:	GLADE R. WILKES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2601 FORTUNE CIRCLE EAST, SUITE 100A		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46241-		
NAME:	MARY E. BONGARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	624 SIX FLAGS DRIVE, #240		
CITY/ST/ZIP/CO:	ARLINGTON, TX 76011-		
NAME:	PATRICK J STOREY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3108 104TH STREET		
CITY/ST/ZIP/CO:	URBANDALE, IA 50322-		
NAME:	JAMES T. TWEDT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3108 104TH STREET		
CITY/ST/ZIP/CO:	URBANDALE, IA 50322-		
NAME:	JAMES E. ARENDS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1100 WEST 29TH STREET		
CITY/ST/ZIP/CO:	SOUTH SIOUX CITY, NE 68776-		
NAME:	KEVIN S. SHERRITZE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2030 FALLING WATER RD., SUITE 300		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37922-		
NAME:	CARL A. RITTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2030 FALLING WATER RD., SUITE 300		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37922-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT E. RIMMELE VICE PRESIDENT 6747 SOUTH KINGERY HIGHWAY WILLOWBROOK, IL 60527-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS A. KOENIGS VICE PRESIDENT 1100 WEST 29TH STREET SOUTH SIOUX CITY, NE 68776-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRAIG A. POSSON ASST SECRETARY 1100 WEST 29TH STREET SOUTH SIOUX CITY, NE 68776-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY E. ANDERSON ASST TREASURER 1100 WEST 29TH STREET SOUTH SIOUX CITY, NE 68776-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ CRAIG A. POSSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		CRAIG A. POSSON, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	
		5/18/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			